PTO/SB/17 (12-04/2)

Approved for use through 07/31/2006, DMB 0651-0332 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panenwork Reduction Act of 1985, no necessar are required to respond to a calledge of Information unless it disclave, a solid OMB control number.									
	Complete if Known								
Fess pursuant to the	Application Number 10/653,33								
FEE TRANSMITTAL						eptember 2	ber 2, 2003		
For FY 2005				First Named Inventor Donal		onaldson .	on J. Emch		
				Examiner Name M. L. Pa		L. Pedge	1		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1762					
TOTAL AMOUNT OF PAYMENT (\$) 130			130	Attorney Docket No. PPG-14			9P4		
THE THOR OF DAVISENT (short all that apply)									
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Nameser 502800 Deposit Account Name: BLK Law Group									
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17									
LP_J under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINA							TION FEES		
Application T	voe Fee	Small E (\$) Fee (\$		Small Entity Fee (\$)	Fee I	Small Er		Fees Paid (\$)	
Utility	300		500	250	200	100	_		
Design	200		100	50	130	65	_		
Plant	200	100	300	150	160	80	_		
Reissuc	300	150	500	250	600	300	_		
Provisional	200	100	0	. 0	0	0	-		
2. EXCESS CLAIM FEES Foo (5) Foo (5) Foo (5)									
Each claim over 20 (including Reissues)							0)0	25 100	
Each independent claim over 3 (including Reissues)							50 50	180	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)								dent Claims	
- 20 or HP = x =							<u>> (\$)</u>	Fee Poid (\$)	
Indep. Claims		paid for, if great Claims	rter then 20. <u>Fee (\$) Fe</u>	e Paid (\$)					
- 3 or HP = X = X = HP = highest number of independent claims poid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Shorts Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = / 50 = (round up to a whote number) × =									
4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Terminal Disclaimer Filing Fee 130									
SUBMITTED BY Signature Registration No. 36.272 Telephone 724-934-5450									
Signature	[manufacture and model								
Name (Print/Type)	Krisanne Shidek	21				_ C	ate Januan	y 10, 2005	

This collection of information is required by 37 CFR 1.128. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, strated be sent to the Chief Information Officer, U.S. Peters and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VIA 22313-1450. DN NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VIA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.